

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Cantor For Congress

ADDRESS (number and street)
▼

P. O. Box 17813

☐Check if different
than previously
reported. (ACC)

Richmond

VA

23226

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00355461

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

VA

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jacquelyn E. Stone

Signature of Treasurer

Electronically Filed by Jacquelyn E. Stone

Date

0 1

3 1

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Cantor For Congress

Report Covering the Period:

From:

M M
1 1D D
2 8Y Y Y Y
2 0 0 6

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	10193.01	13200.01
(b) Total Contribution Refunds (from Line 20(d)).....	249.00	249.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9944.01	12951.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	128504.65	250915.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	128504.65	250915.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	211092.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Cantor For Congress

Report Covering the Period:

From:

M M
1 1D D
2 8Y Y Y Y
2 0 0 6

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 6

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

9500.01

10950.01

(ii) Unitemized.....

443.00

2000.00

(iii) TOTAL of contributions
from individuals..... ▶

9943.01

12950.01

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACS).....

250.00

250.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

10193.01

13200.01

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

1664.16

3706.32

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

11857.17

16906.33

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	128504.65	250915.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	249.00	249.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	249.00	249.00
21. OTHER DISBURSEMENTS.....	4000.00	4000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	132753.65	255164.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	331988.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	11857.17
25. SUBTOTAL (add Line 23 and Line 24).....	343846.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	132753.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	211092.42

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cantor For Congress

Full Name (Last, First, Middle Initial)

A. William Andrews

Mailing Address 8922 Ginger Way Dr.

City State Zip Code
 Richmond VA 23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramon W. Andrews Ins. Co.

Occupation
President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 6

Transaction ID: 70109.C19221

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Richard Bamberger

Mailing Address 3119 Jensen Dr.

City State Zip Code
 Houston TX 77026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metal House

Occupation
President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 6

Transaction ID: 70109.C19220

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. David Bodner

Mailing Address 152 West 57th Street
 54th Floor

City State Zip Code
 New York NY 10019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huberfeld & Bodner

Occupation
Partner

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 6

Transaction ID: 70109.C19208

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Jerry Finger

Mailing Address 520 Post Oak Blvd., Suite 750

City State Zip Code
Houston TX 77027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Finger Interests, Ltd.

Occupation
Managing Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 70109.C19197

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Steven Finkelman

Mailing Address 5303 Braesheather Dr.

City State Zip Code
Houston TX 77096-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scope Imports Inc.

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 70109.C19219

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Sam Haboush

Mailing Address World Foreign Car Service
7010 Three Chopt Rd.

City State Zip Code
Richmond VA 23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
World Foreign Car Service

Occupation
Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 6

Transaction ID: 70109.C19209

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cantor For Congress

A. Full Name (Last, First, Middle Initial) Mitchel Levy Mailing Address 5223 Birdwood Rd. City State Zip Code Houston TX 77096 FEC ID number of contributing federal political committee. C Name of Employer LS Communications Occupation President Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 Transaction ID: 70109.C19215 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Avi Nakash Mailing Address 1400 Broadway 15th Floor City State Zip Code New York NY 10018 FEC ID number of contributing federal political committee. C Name of Employer Jordache Enterprises, Inc. Occupation Co-Owner Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 666.67		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: 70109.C19207 Amount of Each Receipt this Period 666.67 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Joseph Nakash Mailing Address 15812 Fisher Island Drive City State Zip Code Miami FL 33109-1113 FEC ID number of contributing federal political committee. C Name of Employer Jordache Enterprises, Inc. Occupation CEO Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 666.67		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: 70109.C19205 Amount of Each Receipt this Period 666.67 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1583.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cantor For Congress

A. Full Name (Last, First, Middle Initial) Ralph Nakash Mailing Address 1400 Broadway 15th Floor City State Zip Code New York NY 10018 FEC ID number of contributing federal political committee. C Name of Employer Jordache Enterprises, Inc. Occupation Co-Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 666.67		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: 70109.C19206 Amount of Each Receipt this Period 666.67 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) John Oliver Mailing Address 15 Berkshire Dr. City State Zip Code Saint Louis MO 63117 FEC ID number of contributing federal political committee. C Name of Employer Bryan Cave Strategies Occupation Vice President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 Transaction ID: 70109.C19214 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Russ Robinson Mailing Address 109 N. Post Oak Ln. Suite 409 City State Zip Code Houston TX 77024 FEC ID number of contributing federal political committee. C Name of Employer U.S. Zinc Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 Transaction ID: 70109.C19212 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2166.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cantor For Congress

A. Full Name (Last, First, Middle Initial)

Gary Rosenthal

Mailing Address 600 Travis
Suite 6110

City State Zip Code
Houston TX 77002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heaney & Rosenthal

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 70109.C19218

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Roger Sofer

Mailing Address 2700 Post Oak Blvd.
No. 1150

City State Zip Code
Houston TX 77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vinson & Elkins

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 70109.C19217

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Fred Zeidman

Mailing Address 2104 Chilton Rd.

City State Zip Code
Houston TX 77019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitel Company

Occupation
Chairman

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 70109.C19213

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

9500.01

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 48

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Cantor For Congress

A. Full Name (Last, First, Middle Initial)

Truliant FCU PAC

Mailing Address P.O. Box 26000

City

Winston Salem

State

NC

Zip Code

27114-6000

FEC ID number of contributing
federal political committee.

C C00326132

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 6

Transaction ID: 70109.C19203

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Cantor For Congress

A. Full Name (Last, First, Middle Initial) Friends of Dave Reichert Mailing Address P. O. Box 53322 City State Zip Code Bellevue WA 98015- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6 Transaction ID: 70109.C19211 Amount of Each Receipt this Period 100.00 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) ITEMIZE: NOTE:Refund-11/2 con
B. Full Name (Last, First, Middle Initial) Wachovia Mailing Address P.O. Box 40031 City State Zip Code Roanoke VA 24022- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3606.32		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Transaction ID: 70109.C19202 Amount of Each Receipt this Period 1564.16 Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE: Interest Received

SUBTOTAL of Receipts This Page (optional)

1664.16

TOTAL This Period (last page this line number only)

1664.16

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 48

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Raymond Allen		Transaction ID: 70109.E4977 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 0 6</div> </div>
Mailing Address 4409 Old Fox Trl		Amount of Each Disbursement this Period <div>3777.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
City Midlothian State VA Zip Code 23112-	<div>001</div> Category/ Type	
Purpose of Disbursement Payroll Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Raymond Allen		Transaction ID: 70109.E5038 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 4409 Old Fox Trl		Amount of Each Disbursement this Period <div>3777.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
City Midlothian State VA Zip Code 23112-	<div>001</div> Category/ Type	
Purpose of Disbursement Payroll Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Bank of America		Transaction ID: 70109.E5014 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 2 / 2 0 0 6</div> </div>
Mailing Address P. O. Box 5270		Amount of Each Disbursement this Period <div>1444.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD:SEE BELOW
City Carol Stream State IL Zip Code 60197-5270	<div>001</div> Category/ Type	
Purpose of Disbursement Credit Card:See Below Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

8999.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. The Jefferson Hotel

Mailing Address Franklin and Adams Streets

City Richmond State VA Zip Code 23220-

Purpose of Disbursement
Meeting Expense - Lodging

Candidate Name

007

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5015

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

1444.43

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE -
LODGING

Full Name (Last, First, Middle Initial)

B. Best Buy

Mailing Address P.O. Box 949

City Minneapolis State MN Zip Code 55440-

Purpose of Disbursement
Computer Equipment

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5016

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

1055.66

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

COMPUTER EQUIPMENT

Full Name (Last, First, Middle Initial)

C. Frances Boswell

Mailing Address 5005 Hearthstone Ct.

City Glen Allen State VA Zip Code 23059-2511

Purpose of Disbursement
Reimbursement - Printing

Candidate Name

007

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E4997

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

411.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT - PRINTING

SUBTOTAL of Disbursements This Page (optional)

1467.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Frances Boswell Full Name (Last, First, Middle Initial) Mailing Address 5005 Hearthstone Ct. City Glen Allen State VA Zip Code 23059-2511 Purpose of Disbursement Campaign Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70109.E5021 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN CONSULTING
B. Broad Street West Mini Storage Full Name (Last, First, Middle Initial) Mailing Address 3950 Deep Rock Rd. City Richmond State VA Zip Code 23233- Purpose of Disbursement Storage Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70109.E5028 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 64.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE FEE
C. C Forbes, Inc. Full Name (Last, First, Middle Initial) Mailing Address 12830 West Creek Parkway Suite J City Richmond State VA Zip Code 23238- Purpose of Disbursement Event Supplies - Gift Bags Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70109.E5022 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 1347.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT SUPPLIES - GIFT BAGS

SUBTOTAL of Disbursements This Page (optional)

3911.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. CareFirst Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City Baltimore State MD Zip Code 21279-0749

Purpose of Disbursement
Health Insurance Premium

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5027

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

158.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

HEALTH INSURANCE PREMIUM

Full Name (Last, First, Middle Initial)

B. Carol Comstock

Mailing Address 12720 Glenkirk Rd.

City Richmond State VA Zip Code 23233-

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E4976

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

2062.20

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

C. Carol Comstock

Mailing Address 12720 Glenkirk Rd.

City Richmond State VA Zip Code 23233-

Purpose of Disbursement
Payroll & Bonus

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5035

Date of Disbursement

12 / 28 / 2006

Amount of Each Disbursement this Period

5088.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL & BONUS

SUBTOTAL of Disbursements This Page (optional)

7308.90

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Creative DirectMailing Address The Reagan Building
25 E. Main Street

City Richmond State VA Zip Code 23219-

Purpose of Disbursement

Rent & Utilities

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5010

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	6

Amount of Each Disbursement this Period

725.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

RENT & UTILITIES

Full Name (Last, First, Middle Initial)

B. Creative DirectMailing Address The Reagan Building
25 E. Main Street

City Richmond State VA Zip Code 23219-

Purpose of Disbursement

Printing

Candidate Name

003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5032

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	6

Amount of Each Disbursement this Period

1491.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING

Full Name (Last, First, Middle Initial)

C. Creative Web Designs

Mailing Address 2803 Sagecreek Ct.

City Midlothian State VA Zip Code 23112-4237

Purpose of Disbursement

Website Hosting & Development

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E4996

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

825.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53WEBSITE HOSTING & DEVELOP-
MENT

SUBTOTAL of Disbursements This Page (optional)

3041.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Creative Web Designs

Mailing Address 2803 Sagecreek Ct.

City Midlothian State VA Zip Code 23112-4237

Purpose of Disbursement
Website Hosting & Development

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5017

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3075.96

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

WEBSITE HOSTING & DEVELOPMENT

Full Name (Last, First, Middle Initial)

B. DC Dept. of Taxation

Mailing Address Office of Tax and Revenue
P.O. Box 7792

City Washington State DC Zip Code 20044-7792

Purpose of Disbursement
DC Withholdings

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5030

Date of Disbursement

/ /

Amount of Each Disbursement this Period

772.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

DC WITHHOLDINGS

Full Name (Last, First, Middle Initial)

C. Earl Evans

Mailing Address 1920 Maple Shade Lane

City Richmond State VA Zip Code 23227-

Purpose of Disbursement
Campaign Consulting

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E4998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CAMPAIGN CONSULTING

SUBTOTAL of Disbursements This Page (optional)

4097.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Event Specialties Co.

Mailing Address Jimmy Oliver
15168 Horseshoe Bridge Rd.

City Ashland State VA Zip Code 23005-

Purpose of Disbursement
Music for Event

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5018

Date of Disbursement

12 / 17 / 2006

Amount of Each Disbursement this Period

550.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MUSIC FOR EVENT

Full Name (Last, First, Middle Initial)

B. G.R. Seppala & Associates

Mailing Address 1161 Wayzata Blvd. E.
Box 210

City Wayzata State MN Zip Code 55391-

Purpose of Disbursement
Fundraising Consulting

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5002

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

7000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial)

C. G.R. Seppala & Associates

Mailing Address 1161 Wayzata Blvd. E.
Box 210

City Wayzata State MN Zip Code 55391-

Purpose of Disbursement
Fundraising Consulting Expenses

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5003

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

3804.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISING CONSULTING EX-
PENSES

SUBTOTAL of Disbursements This Page (optional)

11354.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Karen Hart Full Name (Last, First, Middle Initial) Mailing Address 303A East Raymond Avenue City Alexandria State VA Zip Code 22301- Purpose of Disbursement Campaign Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 70109.E5004 Date of Disbursement 12 / 07 / 2006 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN CONSULTING
B. The Jefferson Hotel Full Name (Last, First, Middle Initial) Mailing Address Franklin and Adams Streets City Richmond State VA Zip Code 23220- Purpose of Disbursement Meeting Expense - Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 70109.E5006 Date of Disbursement 12 / 12 / 2006 Amount of Each Disbursement this Period 2819.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEETING EXPENSE - LODGING
C. The Jewish News Full Name (Last, First, Middle Initial) Mailing Address 212 Gaskins Rd. City Richmond State VA Zip Code 23233- Purpose of Disbursement Print Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 70109.E5029 Date of Disbursement 12 / 19 / 2006 Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINT ADVERTISEMENT

SUBTOTAL of Disbursements This Page (optional)

5969.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Stacey Johnson		Transaction ID: 70109.E4978 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2006</div> </div>	
Mailing Address 905 N. Edgewood St		Amount of Each Disbursement this Period <div>2289.50</div>	
City Arlington	State VA	Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll		<div>001</div> Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL

B. Full Name (Last, First, Middle Initial) Stacey Johnson		Transaction ID: 70109.E4979 Date of Disbursement <div> <div>12</div> <div>15</div> <div>2006</div> </div>	
Mailing Address 905 N. Edgewood St		Amount of Each Disbursement this Period <div>417.32</div>	
City Arlington	State VA	Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reimbursement - Mileage		<div>001</div> Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REIMBURSEMENT - MILEAGE

C. Full Name (Last, First, Middle Initial) Stacey Johnson		Transaction ID: 70109.E4980 Date of Disbursement <div> <div>12</div> <div>28</div> <div>2006</div> </div>	
Mailing Address 905 N. Edgewood St		Amount of Each Disbursement this Period <div>2289.50</div>	
City Arlington	State VA	Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll		<div>001</div> Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4996.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Jennifer Jones		Transaction ID: 70109.E4983 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 0 6</div> </div>
Mailing Address 1823 Kalorama Rd., NW		Amount of Each Disbursement this Period <div>6876.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
City Washington State DC Zip Code 20009-	<div>001</div> Category/ Type	
Purpose of Disbursement Payroll Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Jennifer Jones		Transaction ID: 70109.E5037 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 8 / 2 0 0 6</div> </div>
Mailing Address 1823 Kalorama Rd., NW		Amount of Each Disbursement this Period <div>5329.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
City Washington State DC Zip Code 20009-	<div>001</div> Category/ Type	
Purpose of Disbursement Payroll Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Kinkos		Transaction ID: 70109.E4995 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 6 / 2 0 0 6</div> </div>
Mailing Address 10236 W. Broad Street		Amount of Each Disbursement this Period <div>258.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
City Glen Allen State VA Zip Code 23060-	<div>001</div> Category/ Type	
Purpose of Disbursement Printing Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

12464.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Lythos, Inc.		Transaction ID: 70109.E5023 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2006</div> </div>
Mailing Address 105 South Foushee Street		Amount of Each Disbursement this Period <div>1362.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
City Richmond State VA Zip Code 23220-		
Purpose of Disbursement Printing	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Magnolia Group		Transaction ID: 70109.E5042 Date of Disbursement <div> <div>12</div> <div>28</div> <div>2006</div> </div>
Mailing Address P.O. Box 192741		Amount of Each Disbursement this Period <div>664.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
City Dallas State TX Zip Code 75219-		
Purpose of Disbursement Printing	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Marcus & Allen, LLC		Transaction ID: 70109.E5007 Date of Disbursement <div> <div>12</div> <div>12</div> <div>2006</div> </div>
Mailing Address 25 E. Main Street Suite 200		Amount of Each Disbursement this Period <div>2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN CONSULTING
City Richmond State VA Zip Code 23219-		
Purpose of Disbursement Campaign Consulting	<div>001</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4527.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Marcus & Allen, LLC

Mailing Address 25 E. Main Street
Suite 200

City Richmond State VA Zip Code 23219-

Purpose of Disbursement
Campaign Consulting Expenses

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5009

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

615.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

**CAMPAIGN CONSULTING EXPEN-
SES**

Full Name (Last, First, Middle Initial)

B. NOVA Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Service Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70110.E5046

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

435.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD SERVICE FEES

Full Name (Last, First, Middle Initial)

C. NOVA Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Service Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5043

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

177.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD SERVICE FEES

SUBTOTAL of Disbursements This Page (optional)

1228.06

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Platinum Plus VISA

Mailing Address P. O. Box 15469

City
WilmingtonState
DEZip Code
19886-

Purpose of Disbursement

Credit Card: See Below

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E4988

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

23999.73

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

B. Ann Hand Collection

Mailing Address 4885 Mc Arthor

City
WashingtonState
DCZip Code
20007-

Purpose of Disbursement

Mementos for New Members

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5056

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

2987.44

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: MEMENTOS FOR NEW ME-
MBERS

Full Name (Last, First, Middle Initial)

C. Beauregards Thai Room

Mailing Address 103 E. Cary Street

City
RichmondState
VAZip Code
23219-

Purpose of Disbursement

Meeting Expense - Meals

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

112.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: MEETING EXPENSE -
MEALS

SUBTOTAL of Disbursements This Page (optional)

23999.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Broad Street West Mini Storage

Mailing Address 3950 Deep Rock Rd.

City Richmond State VA Zip Code 23233-

Purpose of Disbursement
Storage Fee

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5068

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

72.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: STORAGE FEE

Full Name (Last, First, Middle Initial)

B. CVS

Mailing Address 661 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Office Supplies

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5101

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

52.89

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Chez Foushee

Mailing Address 203 N. Foushee Street

City Richmond State VA Zip Code 23220-

Purpose of Disbursement
Meeting Expense - Meals

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5096

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

62.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEETING EXPENSE -
MEALS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Constant ContactMailing Address Reservoir Place
1601 Trapelo Road, Suite 246

City Waltham State MA Zip Code 02451-

Purpose of Disbursement

Email Programming

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

80.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: EMAIL PROGRAMMING

Full Name (Last, First, Middle Initial)

B. Continental Airlines

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-

Purpose of Disbursement

Airfare

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5111

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

229.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

C. Cosi

Mailing Address 700 11th St.

City Washington State DC Zip Code 20001-

Purpose of Disbursement

Meeting Expense - Meals

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5054

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

26.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: MEETING EXPENSE -
MEALS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Delta Airlines Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 20706 City Atlanta State GA Zip Code 30320- Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5051 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>467.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
B. Enterprise Rent-A-Car Full Name (Last, First, Middle Initial) Mailing Address 6109 W. Broad Street City Richmond State VA Zip Code 23230- Purpose of Disbursement Campaign Van Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5110 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>224.82</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN VAN RENTAL
C. FedEx Full Name (Last, First, Middle Initial) Mailing Address 3610 Hacks Cross Road Building A, First Floor City Memphis State TN Zip Code 38120- Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5097 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>477.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. J2 EFAX Plus ServiceMailing Address 375 Park Avenue
Suite 1505

City New York State NY Zip Code 10152-

Purpose of Disbursement
Faxing Services

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5064

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

16.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: FAXING SERVICES

Full Name (Last, First, Middle Initial)

B. Johnnys Half Shell

Mailing Address 400 N Capitol St NW # 175

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Event Catering

Candidate Name

003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5063

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

7438.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: EVENT CATERING

Full Name (Last, First, Middle Initial)

C. Johnnys Half Shell

Mailing Address 400 N Capitol St NW # 175

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Event Catering

Candidate Name

003
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

1161.09

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: EVENT CATERING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Kroger Full Name (Last, First, Middle Initial) Mailing Address 1601 Willow Lawn Dr. City Richmond State VA Zip Code 23230- Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5109 Date of Disbursement 12 / 01 / 2006 Amount of Each Disbursement this Period 340.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING
B. Legend Brewing Co. Full Name (Last, First, Middle Initial) Mailing Address 321 W. 7th St. City Richmond State VA Zip Code 23224- Purpose of Disbursement Meeting Expense - Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5057 Date of Disbursement 12 / 01 / 2006 Amount of Each Disbursement this Period 77.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING EXPENSE - MEALS
C. Lowes Full Name (Last, First, Middle Initial) Mailing Address 4401 Pouncey Tract Rd. City Glen Allen State VA Zip Code 23060- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5072 Date of Disbursement 12 / 01 / 2006 Amount of Each Disbursement this Period 100.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. MSP Airport

Mailing Address 7150 Humphrey Drive

City Minneapolis State MN Zip Code 55450-

Purpose of Disbursement
Parking

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5094

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

38.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: PARKING

Full Name (Last, First, Middle Initial)

B. Marriott Houston

Mailing Address 18700 John F. Kennedy Blvd.

City Houston State TX Zip Code 77032-5022

Purpose of Disbursement
Lodging

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5088

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

832.39

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

Full Name (Last, First, Middle Initial)

C. Marriott Quorum

Mailing Address 14901 Dallas Pkwy

City Dallas State TX Zip Code 75254-

Purpose of Disbursement
Lodging

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5091

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

616.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Marriott Richmond

Mailing Address 500 E. Broad St.

City Richmond State VA Zip Code 23219-

Purpose of Disbursement
Campaign Event Lodging

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5055

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

891.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CAMPAIGN EVENT LODG-
ING

Full Name (Last, First, Middle Initial)

B. Office Max

Mailing Address 6301 W. Broad St.

City Richmond State VA Zip Code 23230-

Purpose of Disbursement
Office Supplies

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5079

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

38.84

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Panera Bread

Mailing Address 11700 W. Broad Street

City Richmond State VA Zip Code 23233-

Purpose of Disbursement
Event Catering

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5074

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

133.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT CATERING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Party City

Mailing Address 9130 W Broad St

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
Campaign Supplies - CUPS

Candidate Name

007

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5080

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

26.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: CAMPAIGN SUPPLIES -
CUPS**B. Party City**

Mailing Address 9130 W Broad St

City Richmond State VA Zip Code 23294-

Purpose of Disbursement
Campaign Supplies - Helium

Candidate Name

007

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5069

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

236.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: CAMPAIGN SUPPLIES -
HELIUM**C. Postmaster**

Mailing Address 805 Glenburnie Rd.

City Richmond State VA Zip Code 23226-

Purpose of Disbursement
Postage

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5060

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

83.10

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 805 Glenburnie Rd. City Richmond State VA Zip Code 23226- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5066 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>1001.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
B. RCN Internet Service Full Name (Last, First, Middle Initial) Mailing Address 7921 Woodruff Ct. City Springfield State VA Zip Code 22151- Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5050 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>43.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET SERVICE
C. Richmond Airport Parking Full Name (Last, First, Middle Initial) Mailing Address 1 Richard E. Byrd Terminal Drive City Richmond State VA Zip Code 23250-2400 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5048 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>39.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Robinsons Tavern & Grill

Mailing Address 32345 Constitution Highway

City Locust Grove State VA Zip Code 22508-

Purpose of Disbursement

Event Catering

Candidate Name

007

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5106

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

723.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: EVENT CATERING

Full Name (Last, First, Middle Initial)

B. Roma Italian Restaurant

Mailing Address 310 E. Main Street

City Louisa State VA Zip Code 23093-

Purpose of Disbursement

Event Catering

Candidate Name

007

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5081

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

246.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: EVENT CATERING

Full Name (Last, First, Middle Initial)

C. Sine Irish Pub

Mailing Address 1327 E. Cary St.

City Richmond State VA Zip Code 23219-

Purpose of Disbursement

Event Catering

Candidate Name

003

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5102

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Amount of Each Disbursement this Period

1812.65

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: EVENT CATERING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Staples Full Name (Last, First, Middle Initial) Mailing Address 8045 W. Broad St. City Richmond State VA Zip Code 23294- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5070 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>209.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B. Staples Full Name (Last, First, Middle Initial) Mailing Address 1250 H Street, NW City Washington State DC Zip Code 20005- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5062 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>58.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C. Stranges Garden Center Full Name (Last, First, Middle Initial) Mailing Address 12111 W. Broad Street City Richmond State VA Zip Code 23233- Purpose of Disbursement Event Supplies - Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70111.E5073 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>342.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT SUPPLIES - FL-OWERS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Target

Mailing Address 5401 W. Broad St.

City Richmond State VA Zip Code 23230-

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5108

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

141.61

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Tommys Garden

Mailing Address 1009 Lafayette St.

City Richmond State VA Zip Code 23221-

Purpose of Disbursement
Flowers

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5098

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

70.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FLOWERS

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 2345 Crystal Dr.

City Arlington State VA Zip Code 22227-

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70111.E5112

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

1145.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Ukrops Supermarket

Mailing Address 7035 Three Chopt Rd.

City Richmond State VA Zip Code 23226-

Purpose of Disbursement

Event Catering

Candidate Name

007

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5084

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

170.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT CATERING

Full Name (Last, First, Middle Initial)

B. Virginia ABC Store

Mailing Address 1901 West Main Street

City Richmond State VA Zip Code 23221-

Purpose of Disbursement

Event Supplies

Candidate Name

007

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70111.E5107

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

246.49

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT SUPPLIES

Full Name (Last, First, Middle Initial)

C. Qwest

Mailing Address 1801 California St.

City Denver State CO Zip Code 80202-

Purpose of Disbursement

Conferencing Services

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5013

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

253.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CONFERENCING SERVICES

SUBTOTAL of Disbursements This Page (optional)

253.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Regan Music Service

Mailing Address 8920 Brookville Rd.

City Silver Spring State MD Zip Code 20910-

Purpose of Disbursement

Music for Event

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E4993

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

800.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MUSIC FOR EVENT

Full Name (Last, First, Middle Initial)

B. Ridgewells

Mailing Address 5525 Dorsey Ln.

City Bethesda State MD Zip Code 20816-

Purpose of Disbursement

Event Catering

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E4991

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT CATERING

Full Name (Last, First, Middle Initial)

C. Wendy Roberts

Mailing Address 6013 Shady Willow Place

City Glen Allen State VA Zip Code 23059-

Purpose of Disbursement

Reimbursement - Mileage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5040

Date of Disbursement

11 / 28 / 2006

Amount of Each Disbursement this Period

22.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT - MILEAGE

SUBTOTAL of Disbursements This Page (optional)

4822.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Wendy Roberts

Mailing Address 6013 Shady Willow Place

City State Zip Code
Glen Allen VA 23059-

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E4984

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

995.49

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

B. Wendy Roberts

Mailing Address 6013 Shady Willow Place

City State Zip Code
Glen Allen VA 23059-

Purpose of Disbursement
Reimbursement - Mileage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E4985

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

108.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT - MILEAGE

Full Name (Last, First, Middle Initial)

C. Wendy Roberts

Mailing Address 6013 Shady Willow Place

City State Zip Code
Glen Allen VA 23059-

Purpose of Disbursement
Payroll & Bonus

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5039

Date of Disbursement

12 / 28 / 2006

Amount of Each Disbursement this Period

1669.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL & BONUS

SUBTOTAL of Disbursements This Page (optional)

2773.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Tim Robinson		Transaction ID: 70109.E5001 Date of Disbursement <div> <div>12</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2554 Blacksmith Shop Rd.		Amount of Each Disbursement this Period <div>89.10</div>	
City Goochland State VA Zip Code 23063-	Purpose of Disbursement Reimbursement - Mileage	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT - MILEAGE
B. Full Name (Last, First, Middle Initial) Tim Robinson		Transaction ID: 70109.E5000 Date of Disbursement <div> <div>12</div> <div>07</div> <div>2006</div> </div>	
Mailing Address 2554 Blacksmith Shop Rd.		Amount of Each Disbursement this Period <div>600.00</div>	
City Goochland State VA Zip Code 23063-	Purpose of Disbursement Campaign Consulting	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN CONSULTING
C. Full Name (Last, First, Middle Initial) Ukrops Supermarket		Transaction ID: 70109.E4992 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2006</div> </div>	
Mailing Address 7035 Three Chopt Rd.		Amount of Each Disbursement this Period <div>145.32</div>	
City Richmond State VA Zip Code 23226-	Purpose of Disbursement Event Catering	007 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT CATERING

SUBTOTAL of Disbursements This Page (optional)

834.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Verizon Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17398 City Baltimore State MD Zip Code 21297- Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70109.E5012 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 225.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
B. Verizon Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17398 City Baltimore State MD Zip Code 21297- Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70109.E5011 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 231.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
C. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address 7600 Montpelier Rd. City Laurel State MD Zip Code 20723- Purpose of Disbursement Cellular Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70110.E5044 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR SERVICE

SUBTOTAL of Disbursements This Page (optional)

957.13

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Virginia Conservative Action PACMailing Address 410 North Ridge Rd.
Suite 210

City Richmond State VA Zip Code 23229-

Purpose of Disbursement

List Rental

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5041

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	6

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LIST RENTAL

Full Name (Last, First, Middle Initial)

B. Virginia Department of Taxation

Mailing Address 2220 West Broad Street

City Richmond State VA Zip Code 23220-

Purpose of Disbursement

State Withholdings

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5031

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	6

Amount of Each Disbursement this Period

972.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

STATE WITHHOLDINGS

Full Name (Last, First, Middle Initial)

C. Wachovia

Mailing Address P.O. Box 40031

City Roanoke State VA Zip Code 24022-

Purpose of Disbursement

Federal Withholdings

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E4999

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	6

Amount of Each Disbursement this Period

7742.16

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FEDERAL WITHHOLDINGS

SUBTOTAL of Disbursements This Page (optional)

10214.16

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial) Bryan Wharton		Transaction ID: 70109.E4981 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	3	0	/	2	0	0	6													
Mailing Address 12204 Glen Abbey Place		Amount of Each Disbursement this Period <table border="1"> <tr> <td>166.23</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	166.23																			
166.23																						
City Glen Allen State VA Zip Code 23059-																						
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																			
001																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Bryan Wharton		Transaction ID: 70109.E5034 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	8	/	2	0	0	6													
Mailing Address 12204 Glen Abbey Place		Amount of Each Disbursement this Period <table border="1"> <tr> <td>166.23</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	166.23																			
166.23																						
City Glen Allen State VA Zip Code 23059-																						
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																			
001																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Cindy Wharton		Transaction ID: 70109.E4982 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	3	0	/	2	0	0	6													
Mailing Address 12204 Glen Abbey Place		Amount of Each Disbursement this Period <table border="1"> <tr> <td>4461.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	4461.00																			
4461.00																						
City Glen Allen State VA Zip Code 23059-																						
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type		001																			
001																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>4793.46</td> </tr> </table>	4793.46																			
4793.46																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Cindy Wharton

Mailing Address 12204 Glen Abbey Place

City State Zip Code
Glen Allen VA 23059-

Purpose of Disbursement
Reimbursement - Mileage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5033

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

407.18

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMBURSEMENT - MILEAGE

Full Name (Last, First, Middle Initial)

B. Cindy Wharton

Mailing Address 12204 Glen Abbey Place

City State Zip Code
Glen Allen VA 23059-

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E5036

Date of Disbursement

12 / 28 / 2006

Amount of Each Disbursement this Period

4461.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

C. Wiley, Rein, & Fielding

Mailing Address 1776 K Street, NW

City State Zip Code
Washington DC 20006-

Purpose of Disbursement
Legal Consulting Expenses

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E4990

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

19.91

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING EXPENSES

SUBTOTAL of Disbursements This Page (optional)

4888.09

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Wiley, Rein, & Fielding

Mailing Address 1776 K Street, NW

City
WashingtonState
DCZip Code
20006-Purpose of Disbursement
Legal Consulting

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E4989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING

Full Name (Last, First, Middle Initial)

B. Wiley, Rein, & Fielding

Mailing Address 1776 K Street, NW

City
WashingtonState
DCZip Code
20006-Purpose of Disbursement
Legal Consulting Expenses

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	6

Amount of Each Disbursement this Period

1.92

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING EXPENSES

Full Name (Last, First, Middle Initial)

C. Wiley, Rein, & Fielding

Mailing Address 1776 K Street, NW

City
WashingtonState
DCZip Code
20006-Purpose of Disbursement
Legal Consulting

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70109.E5024

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING

SUBTOTAL of Disbursements This Page (optional)

4001.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cantor For Congress

Full Name (Last, First, Middle Initial)

A. Dan Williams

Mailing Address Capitol Hill Press Club Offices
209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement

Rent and Utilities

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70109.E4987

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

1053.10

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

RENT AND UTILITIES

SUBTOTAL of Disbursements This Page (optional)

1053.10

TOTAL This Period (last page this line number only)

127957.38

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 48

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A. Full Name (Last, First, Middle Initial)
Hastert for Congress Committee

Mailing Address P.O. Box 625

City State Zip Code
Batavia IL 60510-

Purpose of Disbursement
Contribution

Candidate Name
J DENNIS HASTERT

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 14

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 70109.E5020

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Hastert for Congress Committee

Mailing Address P.O. Box 625

City State Zip Code
Batavia IL 60510-

Purpose of Disbursement
Contribution

Candidate Name
J DENNIS HASTERT

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 14

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
General 2006 Debt

011
Category/
Type

Transaction ID: 70109.E5019

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cantor For Congress

Full Name (Last, First, Middle Initial)

A. American Gaming Association PACMailing Address 1299 Pennsylvania Ave., NW
Suite 1175

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution NOTE: 11/6/06

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70110.E5045

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Amount of Each Disbursement this Period

249.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

249.00

TOTAL This Period (last page this line number only)

249.00